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24 F1	INERAL DIRECTOR Barto	n Bros	75a. D.	ATE REC'D. BY REGISTRAR		4
J	ames H. Barton,	Jr., Centrevill	le, Md. 21617 N	0102 1981	surces Jan / last	her
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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James H. Barton, Jr., Centreville, Md. 21617

M FUNERAL DIRECTOR Barton Bros.

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

4:00

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APPROXIMATE INTERVAL

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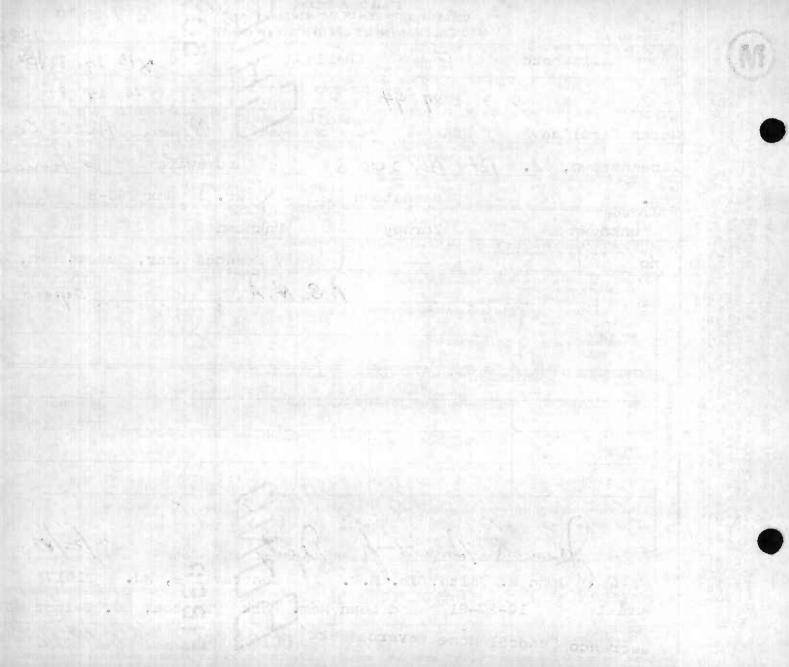
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		3b. DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATIO	NC	COUNTY	
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24. FUNERAL DIRECTOR NAME Barranco Funeral ADD Home Severna Park 1250. Date REC'D. BY REGISTRAR 1250. REGISTR		23 a. B.L.	RIAL, CREMAI	ION,REMOVAL 2	10-27-	81 NAME O	of Law	or CREMATORY n Mem. Pa	ark cmy or	ation Easto	n, Mđ	Qal	bot MD
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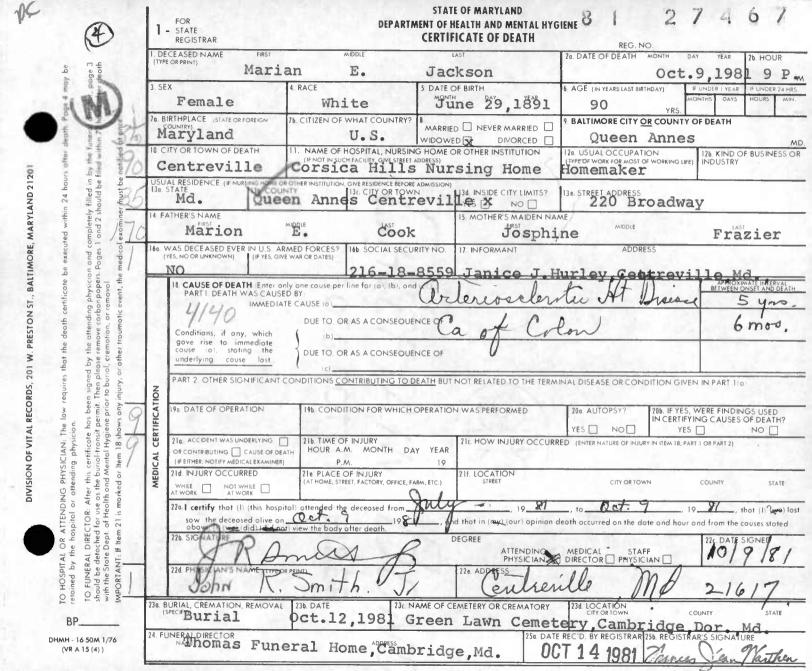
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DATE KNOWN XX I. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED 10-28-80 CARROL HAMMOND. Ben jamin 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3. SEX DATE DIRECT OUR FI 10:15 LAST BIRTHDAY PRONOUNCED 10-28-8 March 12.1949 DEAD white male 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY USA Queen Anne's County Maryland DIVORCED XX WIDOWED [ES 1, 2, AND 3 TO THE FU I PM 3. RETAIN PAGE 55 AND 2 SHOULD BE FILED EVITAL RECORDS, 20 ID. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Painter Housing Centreville Centreville (in a garage) R.D. #2 13b. COUNTY 13d. INSIDE CITY LIMITS? (Burrisville) Centreville Maryland Queen Anne's 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME CATE, WRITING THE WORD, "PENDING". IN PENCIL IN 11EM 18. GIVE FACES. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM.

"OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND: THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Ruth Smith Ben jamin Hammond Frances Carroll 17. INFORMANT Mother ADDRESR . D. #2. Box 369 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 1968-74 Mrs. Frances R. Hammond, Centreville. Md. 217-54-5032 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES WY NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING XXX self/inflicted 10-28-81 CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME Centreville CITY Queen Anne Soutounty, Md. TATE STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE garage AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STARBALL MARYLAND, 21 BALTIMORE, MARYLAND, 21 Autopsy XX Inquiry and in my opinion 22a. I certify that I took charge of the remains described above, held on Inspection Suicide XX Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) DATE 10-28-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Korell M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE Centreville, Q.A.Co., Burial Chesterfield Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Barton Bros. James H. Barton, Jr., Centreville, Md. 21617 NOV 02 **DHMH-17** 1981 (VR A15 ME (5) 15M 2/80

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Campletely fi	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown?	
ond ars.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown) (It yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 216-18-8020 Robert E. Wall RD 1 Henderson, Md	
signed by the attending physician it. Then please remave carban paphion, ar remaval, and in any event,	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (c) CAUSE (a) CINCLIPTORY FEILURE DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	EATH
. Then pl	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) None except age	
Derm J	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b TIME OF INITIRY 21b HOW INITIRY OF SURPER (Enter polytre of initial in Red Let Part 2 library).	
tificate has b burial-transit r ta burial, cr	OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examiner) AUSE OF OEATH POINT OF POINT 2, Herit 16.)	
cer prio	While of work of work	tote
CTOR: After this ched far use as the Mental Hygiene	22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fra causes stated abave, (I) (we) (did) (did nat) view the body after death. I never saw here alive.	e) last m the
DIRECTOR: detached for	DEGREE PHYS. DEGREE OF DIRECTOR PHYS. DIRECTOR 10/26/81	
o FUNERAL DI shavid be de of Health an		1636
-	230. BURIAL CREMATION, REMOVALISPECITY 231. DATE 232. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
(VR A15 (4))	Wells a Fanies Smyrna, Del. 19977 DATENOV 3 1981 Chances Van The Thomas	

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FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO.	7 .	
1 DECEASED NAM	LE FIRST	1	MIDDLE LAST 2a DATE OF				DEATH MONTH	DAY YEAR	
	Evelyn	Ma	Margaret I		rsey	Oc-	Oct. 15,1981		
3. SEX	Female 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				OF BIRTH	6. AGE INYE	6. AGE (IN YEARS LAST BIRTHDAY)		
Female				May	14,1904 YEAR	77	YRS	MONTHS DA	
(COUNTRY)			WHAT COUNTRY?	MARRIE	NEVER MARRIED	0,,,,,,,	RE CITY OR COUN	TY OF DEATH	
Md.		U.S.A.		WIDOWE	D DIVORCED [n Anne's	I de la constant	
Chester		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	. Chester Mo	(TYPE OF WORK	FOR MOST OF WORKING	G LIFE) 12b. KIN INDUST	
USUAL RESIDENCE 130. STATE Md.	13b COU	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Chester	N	13d. INSIDE CITY LIMITS?	13e. STREET A	ADDRESS S Rd.		
14 FATHER'S NAMI FIRST Robes		Herring	Hanna	ı	15. MOTHER'S MAIDEN N Susan		Ann	Mui	
160 WAS DECEASE (YES, NO OR UNKN NO		RMED FORCES?	214-18-2		17. INFORMANT Arnold W. F	Cersey,	ersey, Jones Rd.		
18 CAUSE C	EATH WAS CAUS	nly ane cause per ED BY: (TE CAUSE (a)	line for (a), (b), an	ato	ry Fails	re		APP BETW!	
Canditions,	if any, which	DUE TO, OI	r as a conseoui	NCE OF	COPA			1.	

12b. KIND OF BUSINESS OR INDUSTRY Muir Chester , Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gave rise to immediate other couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF Then please r r to burial, cre underlying couse signed by ă PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION After this certificate hos been Vuo 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hygi 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental marked or Item MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 1972 22a.1 certify that (1) (this hospital) attended the deceased from O FUNERAL DIRECTOR. saw the deceased ali and that in (my) (our) opinian death accurred on the date and haur and from the causes stated above, (I) (we) (did) J view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10-17-81 IMPORTANT: IF 22d. PHYSICIAN'S NAME ITYPE OR PRI TOLADDRESS should be with the Dutchmans Lane , Easton , Md. 21601 .Jr. M.D. William H. Wood 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Stevensville Q.A. Co. Md. 10-17-81 Stevensville Cemetery Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21619 ADDRESS Helfenbein-Hubbard Funeral Home, Chester, Md.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

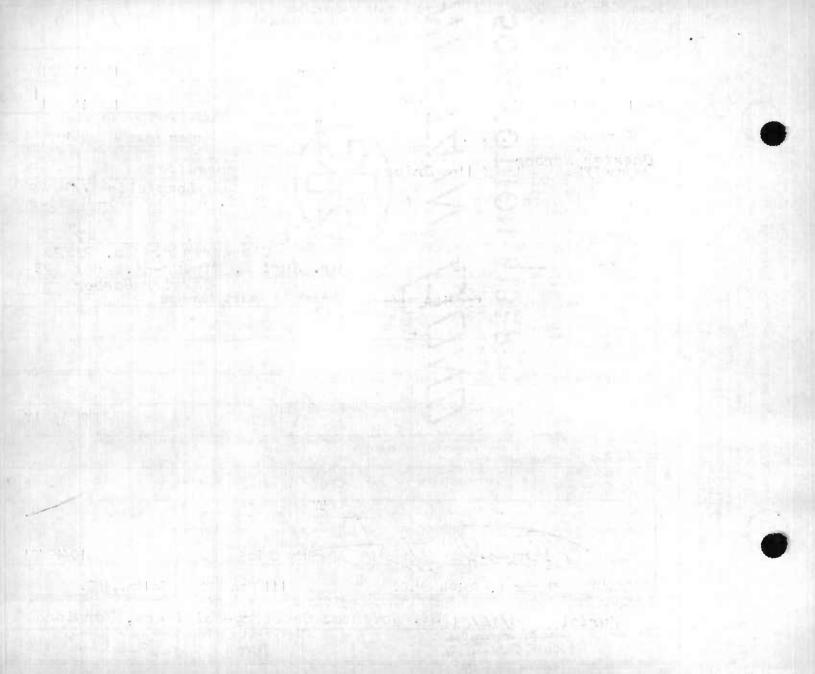
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		STATE REGISTRAR			ME		EXAMIN	NER'S		CATEC	F DEA	TH	REG.			A.		
		CEASED NAM				WIDDLE			LAST			2a. DATE OF	ESTI-		HTMO	DAY	YEAR	2b. HOUR
E	2 05)	4	Lin				1		Mineu				MATED		ONTH	11		м
SNOTA	3. SE)	emale	4. RACE White	MONTH	OF BIRTH	905	6. AGE (IN YE LAST BIRTHE 76		HS DAYS	HOURS		PRONOU DEAL	NCED	MC	10	1 1-	YEAR 19 8 1	10:40 a M
97		RTHPLACE (5	TATE OR	7b. CITI.	ZEN OF WI	HAT COUN	VTRY?	8 MAPP	IED DY NE	EVER MARRI	ED 🗆	9 BALTIA	MORE CIT	Y OR C	OUNT			
11		Ger	many		S.A.			WIDOW	VED	DIVORC		Que	een A	nne	's (Coun	ty,	MD.
20	10. C	Chest Céntrex	of DEATH er Har	boren Lo	ME OF HOS OT IN SUCH FA nafe!	PITAL, NU CILITY, GIVE S	RSING HOM STREET ADDRESS)	E, OR OTH	HER INSTITU	NOITU	FOR A HO	NALOCCU NOST OF WO	PATION (PRKING LIFE) I fe	TYPE OF V	WORK 1		D OF BU INDUST	
5		TATE Md	13b, COL	ME OR OTHER IN	ISTITUTION, GE	VE RESIDENCE		town	13d. INSIDE	(ITY LIMITS? NO 🔘	13e. STRI	EET ADD	eang -Bo	fel x 3	23-	Or, Ch	farl est	oor er
	14. F/	ATHER'S NAME		MIDDLE			LAST			IER'S MAIDE	-		MIDDLE				AST	
10		Geo	rge	WIDDE			OPP			?			?			?	131	
	16a. V		DEVER IN U.S. A	ARMED FOR	CES?		CIAL SECURIT	TY NO.	17 INFOR	MANT C	hest	ert	own,	ESS N	ld.	21	620	
	Ĺ	N				?			Mr.	Kurt	E_{\bullet}	Min	eur-	Rt.				
		18. CAUSE C	F DEATH (Enter	only one co	use per line	for (a), (b), and (c).)					Ch	este					
		PARTIDE	ATH WAS CAU	SED BY: DIATE CAUSI	E (a) Ca	rdiac	myxon	n a	Rheum	atic 1	neart	dis	ease					A PORTON
		37	89	(D	UE TO, OR	AS A CON	NSEQUENCE	OF										12.00
KEN			ns, if any, whi															
				nte /	(h)													
		couse (o	se to immedic stoting the <u>und</u>		(b) UE TO, OR	AS A CON	NSEQUENCE	OF		1								
			stoting the und		UE TO, OR	AS A CON	NSEQUENCE	OF		1								
		couse (o lying cou	stoting the und	<u>ler</u> -) D	UE TO, OR				E OR CONDITIO	ON GIVEN IN PAI	RT 1 (a),							
	NOIL	couse (o lying cou PART 2 OTNER S	stoting the <u>und</u> se last. GNIFICANT CONDITIO	DNS CONTRIBUTI	(c)	BUT NOT RELA	ATEO TO THE TERA	MINAL DISEAS			ŘT 1 (a),							
	FICATION	couse (o lying cou PART 2 OTNER S	stoting the underse last.	DNS CONTRIBUTI	(c)	BUT NOT RELA		MINAL DISEAS			RT 1 (a),					Bot	36-75	
	RTIFICATION	PART 2 OTNER SI	stoting the unduse last. GNIFICANT CONDITION OPERATION	DNS CONTRIBUTI	UE TO, OR (c) ING TO DEATH	BUT NOT RELA	ATEO TO THE TERA	MINAL DISEAS RATION W	AS PERFOR	RMED?						YE	JOPSYS S XI	VLY NO []
1	A CERTIFICATION	PART 2 OTNER SI 19a DATE OF 21a EXTERNA	Stoting the unduse lost. GNIFICANT CONDITION OPERATION AL CAUSE WAS	ONS CONTRIBUTI	(c)	FINJURY	ATEO TO THE TERA	MINAL DISEAS RATION W	AS PERFOR			NATURE OF IN	JURY IN ITEM	18 PART 1	I OR PART	YE	UTOPSYN S XI	
3	NCAL CERTIFICATION	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERLYING	Stoting the unduse last. GNIFICANT CONDITION OPERATION AL CAUSE WAS OR NG CAUSE C	ONS CONTRIBUTI	(c) ING TO DEATN 9b. CONDIT 1b. TIME OF HOUR A.M P.M	FINJURY	WHICH OPER DAY YEA	RATION W	OW INJURY	RMED?		IATURE OF IN	UNEW IN ITEM	18 PART I	I OR PART	YE	UPSYN Es KI	
3	MEDICAL CERTIFICATION	PART 2 DINER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C	Stoting the unduse lost. GNIFICANT CONDITION OPERATION AL CAUSE WAS OR NG CAUSE COCCURRED	ONS CONTRIBUTI	(c) (C) (NG TO DEATN 9b. CONDIT (B). TIME OF HOUR A.M P.M 1e. PLACE C	FINJURY	DAY YEA	RATION W	AS PERFOR	RMED?		IATURE OF IN		. 18 PART 1	I OR PART	YE (2)	UTOPSYZ Y ON ES KI	
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3	MEDICAL CERTIFICATION	PART 2 DINER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 71d INJURY C WHILE AT WORK	Stoting the undisselest. GNIFICANT CONDITION OPERATION AL CAUSE WAS OR OR CAUSE COCCURRED NOT WHILE	DNS CONTRIBUTI	UE TO, OR (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	FINJURY MONTH TOP INJURY FOR INJURY TOP INJURY TORY, FARM, E	DAY YEA (AT HOME, itc.)	RATION W 21c. Ho 21f. LO	OW INJURY	RMED?	D (ENTER N		OWN			YE	VPSY s K	NO []
1	MEDICAL CERTIFICATION	PART 2 DINER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 71d INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OR OR CAUSE CONCERED AT WORK fy that I took chee	DNS CONTRIBUTI	UE TO, OR (c) ING TO DEATN 9b. CONDIT Ib. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACT	FINJURY MONTH TOP INJURY FOR INJURY TOP INJURY TORY, FARM, E	DAY YEA 19 (ATHOME, TTC.)	RATION W	OW INJURY	RMED? Y OCCURRE	D LENTER N	CITY OR TO	оwи 		COUM	YE	JOPSY S	NO []
113	MEDICAL CERTIFICATION	PART 2 DINER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C	OPERATION AL CAUSE WAS OR OR CAUSE CONCERED AT WORK fy that I took chee	DNS CONTRIBUTI	UE TO, OR (c) ING TO DEATN 9b. CONDIT Ib. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACT	FINJURY MONTH TOP INJURY FOR INJURY TOP INJURY TORY, FARM, E	DAY YEA 19 (ATHOME, TTC.)	RATION W 21c. Ho 21f. Lo	OW INJURY CATION STREET Homi	Inspection	D (ENTER N	Inquiry	own		COUM	YE (2)	es KJ	NO
1 <u>-</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MEDICAL CERTIFICATION	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERSYING CONTRIBUTI 21a INJURY CONTRIBUTI 21a INJURY CONTRIBUTI AT WORK 22a I certi death result	OPERATION AL CAUSE WAS OR OR CAUSE CONCERED AT WORK fy that I took chee	DNS CONTRIBUTI	UE TO, OR (c) ING TO DEATN 9b. CONDIT Ib. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACT	FINJURY MONTH TOP INJURY FOR INJURY TOP INJURY TORY, FARM, E	DAY YEA 19 (ATHOME, TTC.)	RATION W 21c. Ho 21f. Lo	OW INJURY CATION STREET Homi	Inspection	D (ENTER N	Inquiry	own	and in	cour my opii	YE (2)	37 PSY 81 PS	NO
1-3	MEDICAL CERTIFICATION	PART 2 DINER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result	Stoting the unduse last. GNIFICANT CONDITION OPERATION AL CAUSE WAS OR OR CAUSE O COURRED NOT WHILE AT WORK fy that I took che ed from: No	DNS CONTRIBUTI	UE TO, OR (c) ING TO DEATN 9b. CONDIT Ib. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACT	FINJURY MONTH TOP INJURY FOR INJURY TOP INJURY TORY, FARM, E	DAY YEA 19 (ATHOME, TTC.)	RATION W 21c. Ho 21f. Lo	OW INJURY CATION STREET , Homi	Inspection	D (ENTER N	CITY OR TO	own	and in	соим	YE (2)	es KJ	NO
1-3	MEDICAL	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERRY INC CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	Stoting the undisselast. GNIFICANT CONDITION OPERATION AL CAUSE WAS GOOD CAUSE OF	DHS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION	UE TO, OR (c) ING TO DEATN 9b. CONDITION 1b. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACTOR remoins des	FINJURY MONTH FINJURY MONTH Cribed obc	DAY YEA 19 (ATHOME, 1C.) M. D.	RATION W R 21c. Ho 21f. LO 30DY Autop	CATION STREET ON X, Homi	Inspection icide	D (ENTERN Undete	Inquiry ermined m CAL EXAL	OWN , , , , , onner C , winer B6	and in], [S	cour my opin DATE SIGNED	YE (12))/12,	NO STATE
1-3	MEDICAL	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	OPERATION AL CAUSE WAS GOOD CAUSE OF C	DHS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION	UE TO, OR (c) ING TO DEATN 9b. CONDITION 1b. TIME OF HOUR A.M. P.M. 1e. PLACE C. STREET, FACTOR remoins des	FINJURY MONTH FINJURY MONTH Cribed obc	DAY YEA 19 (ATHOME, 1C.) M. D.	RATION W R 21c. Ho 21f. LO 30DY Autop	CATION STREET ON X, Homi	Inspection icide	D (ENTERN Undete	Inquiry ermined m CAL EXAL	OWN , , , , , onner C , winer B6	and in], [S	cour my opin DATE SIGNED	YE (12))/12,	NO STATE
1-13	WEDICAL 230.B	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI URIAL, CREMA PPECIFY)	Stoting the undise last. GNIFICANT CONDITION AL CAUSE WAS GOOD CAUSE OF C	DF DEATH arge of the r homas L 23b. DATE 10	UE TO, OR (c) (h6 TO DEATH 9b. CONDITION 1b. TIME OF HOUR A.M. P.M. 1c. PLACE C. STREET, FACT D. Sm	FINJURY THOM FOR FINJURY MONTH TO FINJURY ORY, FARM, E CITIZEN OBC. ACCIDENT 23.1 S 23.1 S	DAY YEA 19 (AT HOME, TC.) M. D.	RATION W R 21c. Ho 21f. LO 30DY Autop	CATION STREET ON X, Homi	Inspection icide Ch ORY ORY	Undete	Inquiry ermined m CAL EXAM ST. CATION PROMOTE	winer Ba	and in],	My opin	nion 10)/12,	NO STATE
BAUMOKE, MAKTUAND, ZIZUI PKIOK IO BOKIAI, CKEMAIION, OK KEMOVAI	WEDICAL 230.B	PART 2 OTNER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	Stoting the undisselast. GNIFICANT CONDITION AL CAUSE WAS GOOD CAUSE OF C	DE DEATH ONS CONTRIBUTI POPPORT ONS CONTRIBUTI CON	9b. CONDITION OF THE PROPERTY	FINJURY MONTH FINJURY MONTH Cribed obc Accident	DAY YEA 19 (ATHOME, 1C.) M. D.	RATION W R 21c. Ho 21f. LO 30DY Autop	CATION STREET ON X, Homi	Inspection icide	Undete	Inquiry ermined m CAL EXAM ST. CATION PROMOTE	winer Ba	and in],	My opin	MD.)/12,	NO STATE



DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR YEAR Ŏ AM IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNES 17h. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE)

housewife INDUSTRY none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21¢. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1) OR PART 2) COUNTY STATE __, and that in (my) to opinion death occurred on the date and hour and from the causes stated 22c. DA COLINITY STATE Burial .A. Md 250 DATE REC'DABY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

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To the science		
	A CONTRACT OF THE PARTY OF THE	
The March of the March		

1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	7 4	7
	OR PRINT)		MIDDLE		AST	20. DATE OF DEATH			2b. HOUR
	Mar		ta S	penc		October	7	1981	9:45 PM
3. SE)	Female	Negro		S. DATE O	1887	6. AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.
Q	RTHPLACE (STATE OR FOR A. C.) Md. TY OR TOWN OF DEATH	. U.S.	HOSPITAL, NURSING	WIDOWE HOME O	R OTHER INSTITUTION	9. BALTIMORE CITY OF Queen A	nne's		MD. DF BUSINESS OR
_	ntreville		a Hills		ing Center	Nurse		Nursi	ng
13a. S		Kent	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Millingt		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	111		-
14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAV	ME		LAS	ST
W	illiam	Henry	Spencer		Martha	Jane		Mill	ler
	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS	2]	1651
	NO .	TES, ONE WAR OR DATES)	095-26-	4026	Violet Har	kless, M:	illing	ton, N	Id.
No	Conditions, it ony, we gove rise to immediate couse (b), stoting underlying couse	liote the DUE TO, O lost.	R AS A CONSEQUEN		NOT RELATED TO THE TERM	IN AL DISEASE OR COM		IN PART 1(01
CERTIFICATION	19a DATE OF OPERATIO	N 196 COND	ITION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING CAUSES	NGS USED S OF DEATH?
1	21a. ACCIDENT WAS UNDERIOR CONTRIBUTING CAU	SE OF DEATH HOUR A.	PFINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR		YES URY IN ITEM 18, PART	1 OR PART 2)	NO []
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a. I certify that (1) (the saw the deceased above. (1) (we)/did		19	, on	d that in (my) (aur) apinion (, to death accurred on the a	ote and hour a		that (1) (we) last couses stated
	Patrick	othich HI	ulton D.	(4		MEDICAL STA	FF CIAN []	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS				
	Patrick	Molony, M	.D.		Chestertow	vn, Md. 2:	1620		
23a. B	URIAL, CREMATION, RE SPECIFY) Burial	236 DATE 10/19	10-		thel A.M.E.	23d LOCATION CITY OF TOWN Golts,	Ke	nt,	Md state

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 26 1981

Son, Millington, Md.

38

Fellows

24. FUNERAL DIRECTOR
Edward F

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

The state of the s TOP-OF-LOSS + STORE - POSC - P THE PROPERTY OF STREET at the second second the state of the s Hard and the land of the land